



Your CIGNA HealthCare Transition of Care Benefits



CIGNA HealthCare

590052

Transition of Care Benefits:

At enrollment time, CIGNA HealthCare will determine if Transition of Care benefits are available to you and/or your dependents. Transition of Care benefits are intended to provide coverage for members with certain medical conditions for ongoing treatment with physicians who are not part of the CIGNA HealthCare network (non-participating) for a certain period of time. This allows coverage for continued, uninterrupted care until safe transfer of care to a participating physician or facility can be arranged.

Transition of Care benefits must be applied for at enrollment.

- Individuals must apply for Transition of Care benefits at the time of enrollment but no later than the first 30 days after the effective date of their coverage.
- Individuals must already be in treatment for the condition by the physician identified on the Transition of Care Request Form.
- If Transition of Care benefits are approved, the individual will be allowed to receive the in-network level of benefits for treatment of the specific condition by the physician for a specified timeframe* (as determined by review).
- If the request for Transition of Care benefits has been approved, the benefits apply only to the treatment provided or ordered by the physician identified on the Transition of Care Request Form for the medical condition specified on the form.
- Claims for treatment of the specific condition by the approved provider and/or facility after the effective date of coverage will be considered at in-network levels.
- The availability of Transition of Care benefits does not mean a treatment is covered. Nor does it constitute pre-authorization of medical services to be provided. Benefits determinations and pre-authorizations must still be obtained during the pre-certification and case management process.
- All benefits are subject to the provisions of the plan.

** If applicable, outpatient mental health benefits will transition for a maximum of 60 days.*

Examples of acute medical conditions that may qualify for Transition of Care benefits include, but are not limited to:

- Pregnancy in the second or third trimester at the time of the effective date of coverage
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction
- Trauma
- Transplant candidates, unstable recipients, or recipients in need of ongoing care due to complications associated with a transplant
- Recent major surgery still within the global follow-up period (generally six to eight weeks)

- Acute conditions in active treatment such as heart attacks, strokes, unstable chronic conditions, etc. Active treatment is defined as a physician visit or hospitalization with documented changes in a therapeutic region within 21 days prior to eligibility.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of benefit provisions)
- Behavioral health conditions during active treatment

Examples of conditions which do not qualify for Transition of Care benefits include, but are not limited to:

- Routine exams, vaccinations, and health assessments
- Stable chronic conditions, such as diabetes, arthritis, allergies, asthma, hypertension, and glaucoma
- Acute minor illnesses such as colds, sore throats, and ear infections
- Elective scheduled surgeries such as removal of lesions, unionectomies, hernia repairs, and hysterectomy

What timeframe is allowed for transitioning to a participating provider?

If CIGNA HealthCare determines that transitioning to a participating provider is not recommended or safe for the conditions that qualify, services by the approved non-participating provider or the approved non-participating facility will be authorized for a specified period of time (usually 60 days) or until care has been completed or transitioning to a participating provider actually takes place (whichever comes first).

If I am approved for Transition of Care benefits for one illness, can I receive in-network benefit payments for a non-related condition?

In-network benefit levels provided in conjunction with Transition of Care benefits are for the specific illness/condition only and cannot be applied to another illness/condition. A Transition of Care Request Form would need to be completed for each unrelated illness/condition no later than 30 days after coverage becomes effective.

Can I apply for Transition of Care benefits if I am not currently in treatment or seeing a physician?

Individuals must already be in treatment for the condition by the physician that is noted on the Transition of Care Request Form.

Do I need to complete the Transition of Care Request Form if I am already seeing a participating provider?

No, if you are already receiving care from a provider in the CIGNA HealthCare provider network, you do not need to complete a Transition of Care Request Form. Please check your CIGNA HealthCare provider directory or check the CIGNA HealthCare Web site at www.cigna.com to verify if your provider participates in the CIGNA HealthCare provider network.

See instructions for completing this form on the reverse side.

CIGNA HealthCare Transition of Care Request Form



CIGNA HealthCare

ATTENTION: You may not need to complete this form

- **This form only needs to be completed if you are utilizing a non-participating provider. Please check your CIGNA HealthCare provider directory or check the CIGNA HealthCare Web site (www.cigna.com) to verify if your provider is in the CIGNA HealthCare network.**
- See reverse for instructions to complete Transition of Care Request Form.
- Use separate form for each condition. Photocopies of this form are acceptable. Attach additional information if necessary.

Employer	Policy #	Date of Enrollment in CIGNA HealthCare Benefit Plan(mm/dd/yyyy)		
Employee Name		Employee Social Security #	Work Phone	
Home Address	Street	City	State	Zip
Patient's Name		Patient's Soc. Sec. #	Patient's D O B (mm/dd/yyyy)	Relationship to Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/> Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? ☐ Yes ☐ No
2. If yes, when is the due date? _____ (mm/dd/yyyy)
3. Is the patient currently receiving treatment for any acute conditions or trauma? ☐ Yes ☐ No
4. Is the patient scheduled for surgery or hospitalization after your effective date with CIGNA HealthCare? ☐ Yes ☐ No
5. Is the patient involved in a course of Chemotherapy, Radiation Therapy, Cancer Therapy or a candidate for Organ Transplant? ☐ Yes ☐ No
6. Is the patient receiving treatment as a result of a recent major surgery? ☐ Yes ☐ No
7. Is the patient receiving mental health/substance abuse care? ☐ Yes ☐ No
8. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care. _____
9. Please complete the physician information request below.

Group Practice Name		
Physician's Name		Telephone # of Physician
Physician's Specialty		
Address of Physician		
Name of Hospital at Which Your Physician Practices		Telephone # of Hospital
Address of Hospital		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

10. Is this patient expected to be in the hospital when coverage with CIGNA HealthCare begins or during the next 60 days? ☐ Yes ☐ No
11. Please list any other continuing care needs that may qualify for Transition of Care benefits.
If care needs described are not associated with the condition for which you are applying for Transition of Care benefits, then a separate Transition of Care Form needs to be completed.

I hereby authorize the above physician to provide CIGNA HealthCare or any affiliated CIGNA company with any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care Benefits under CIGNA HealthCare. I understand I am entitled to a copy of this authorization form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

A separate Transition of Care Request Form must be completed for each condition for which you or your dependents are seeking Transition of Care benefits. Additional forms are available from your employer. Please make certain that all questions are answered completely. When the form has been completed, it should be signed by the patient for whom Transition of Care benefits have been requested. If the patient is a minor, a guardian's signature is necessary.

The first few sections of the form apply to the Employee. When the form asks for the patient's name, only the name of the person who is actually undergoing care and is requesting Transition of Care, should be reflected.

CIGNA Health Facilitation Care Center FAX (800) 558-3654
Attention: Transition of Care
3200 Park Lane Drive
Pittsburgh, PA 15275

CIGNA Behavioral Health
Attention: Clinical Team Leader
11095 Viking Drive, Suite 350
Eden Prairie, MN 55344

FAX (952) 996-2846
or (952) 996-2847

To help ensure a timely review of your transition case, please return the form as soon as possible. You must apply for Transition of Care within the first 30 days after the effective date of coverage.